

**Virginia Department of Behavioral Health and Developmental Services**

**INITIAL PROVIDER APPLICATION FOR LICENSING  
Code of Virginia §37.2-405**

**DBHDS**

Please use a typewriter or print legibly using permanent, black ink. The chief executive officer, director, or other member of the governing body who has the authority and responsibility for maintaining standards, policies, and procedures for the service may complete this application.

**1. APPLICANT INFORMATION:** Identify the person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Organization Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Names of all Owners and the % of the Company owned by each** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Chief Executive Officer or Director.** Identify the person responsible for the overall management and oversight of the service(s) to be operated by the applicant.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**All Residential Services:** (The liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

**Community Liaison Name:** \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**2. ORGANIZATIONAL STRUCTURE:** Identify the organizational structure of the applicant's governing body.

**Check one(1) of the following:**

☐ Non-Profit ☐ For-Profit

**Check one(1) of the following:**

☐ Individual (proprietorship)

☐ Partnership

☐ Corporation

☐ Unincorporated Organization or Association

**Public agency:**

☐ State ☐ Community Services Board ☐ Other

**Identify accrediting or certifying organization from the following:**

☐ Accreditation Council for Services for People with Developmental Disabilities

☐ Virginia Association of Special Education Facilities

☐ Joint Commission on Accreditation of Health Care Organizations

☐ Other association or organization: \_\_\_\_\_

☐ Commission on Accreditation of Rehabilitation Facilities

**3. APPLICANT PARENT COMPANY INFORMATION:** Identify the parent company of person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Company

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**SERVICE TYPE:**

Place a check to identify the service type. If the service type is not listed, please note in the service information section. Please note new applicants (no independent service operation experience) are permitted to apply for **ONE** service on the initial application. Identify the population served, when required, as –Adults, Adolescents, or Children.

Check one	Service	Pgm	Description	Licensed As Statement
	01	001	ID Group Home Srv #1	An intellectual disability residential group home service for adults.
	01	003	MH/SA Group Home Srv #3	A mental health and/or substance abuse residential group home service for adults
	01	004	Group Home Srv - REACH	An intellectual disability residential group home service for adults-REACH
	01	005	ICF-ID Group Home Service	An ICF-ID residential group home service for adults
	01	006	SA Residential Treatment Srv #1	A substance abuse residential treatment service for adults
	01	007	Brain Injury Group Home Service	A brain injury residential treatment center for adults
	01	011	ID Supervised Living Srv #1	An intellectual disability supervised living residential service for adults.
	01	012	MH Supervised Living Srv #2	A mental health supervised living residential service for adults
	01	013	SA Supervised Living Srv #3	A substance abuse supervised living residential service for adults.
	01	016	SA Halfway House	A substance abuse halfway house for adults
	01	019	MH Crisis Stabilization Srv #1	A mental health residential crisis stabilization service for adults
	01	020	MH Crisis Stabilization Srv #2	A mental health residential crisis stabilization service for children and adolescents
	01	021	MH Crisis Stabilization Srv- REACH	A mental health crisis stabilization service for adults-REACH
	01	025	Managed w'drawal - Medical Detox	A substance abuse managed withdrawal medical detox service for adults
	01	033	Residential Txt SA Women w/Children Srv #1	A substance abuse residential treatment service for women and women with their children
	01	036	ID Residential Respite Srv #1	An intellectual disability residential respite service for adults
	01	037	ID Residential Respite Srv #2	An intellectual disability residential respite service for children and adolescents
	01	039	ID Center-Based Respite Srv #1	An intellectual disability centered-based respite service for adults
	01	040	ID Center-Based Respite Srv #2	An intellectual disability centered-based respite service for children and adolescents.
	02	001	SA Intensive Outpatient Srv #1	A substance abuse intensive outpatient service for adults
	02	003	SA Intensive Outpatient Srv #3	A substance abuse intensive outpatient service for adolescents
	02	006	ID Day Support Srv #1	An intellectual disability day support service for adults.
	02	007	ID Day Support Srv #2	An intellectual disability day support service for children and adolescents
	02	010	DD Day Support Srv #3	An developmental disability day support service for adults.
	02	011	MH Psychosocial Rehabilitation #1	A mental health psychosocial rehabilitation service for adults
	02	014	Therapeutic Afterschool MH Srv #1	A mental health therapeutic afterschool service for children with serious emotional disturbance
	02	019	MH Partial Hospitalization Srv #1	A mental health partial hospitalization service for adults with serious mental illness
	02	021	SA Partial Hospitalization Srv #3	A substance abuse partial hospitalization service for adults with substance use disorders
	02	023	Partial Hospitalization Srv #5	A partial hospitalization service for children and adolescents
	02	029	Therapeutic Day Treatment Srv for Children and Adolescents #1	A mental health school based day treatment service for children with serious emotional disturbance
	03	001	Mental Health Skill Building Srv #1	A mental health community support service for (population served) with serious mental illness

	03	011	ID Supportive In-Home Srv #1	An intellectual disability supportive in-home service for children, adolescents and adults
	04	001	Psychiatric Unit Srv #1	A mental health and substance abuse inpatient psychiatric service for adults
	04	005	Psychiatric Unit Srv #5-Children	A mental health and substance abuse inpatient psychiatric service for children and adolescents
	04	011	Medical Detox/Chemical Dependency Unit Srv #1	A substance abuse medical detox/chemical dependency service for adults
	05	001	Intensive In-Home Srv for children and adolescents #1	A mental health intensive in-home service for children and adolescents and their families
	06	001	Medication Assisted Treatment/Opioid TX Srv #1	A substance abuse medication assisted treatment/opioid service for adults
	07	001	Emergency Services/Crisis Intervention Srv #1	A mental health emergency service/crisis intervention service for children, adolescents and adults
	07	002	Emergency Services/Crisis Intervention Srv #2	A mental health emergency service/crisis intervention service for children, adolescents and adults
	07	003	Outpatient MH Srv #1	A mental health outpatient service for (population served)
	07	004	Outpatient MH/SA Srv #2	A mental health and substance abuse outpatient service for (population served)
	07	005	Outpatient SA Srv #3	A substance abuse outpatient service for adults (population served)
	07	006	Outpatient Srv /Crisis Stabilization #3	A mental health non-residential crisis stabilization service for adults/children/adolescents
	07	007	MH Outpatient Srv/Crisis Stabilization - REACH #4	A mental health crisis stabilization outpatient service for adults - REACH
	07	010	Outpatient Srv-ABA	A mental health outpatient community-based applied behavioral analysis service
	08	011	Sponsored Residential Homes Srv #1	An intellectual disability sponsored residential home service for adults
	08	013	MH Sponsored Residential Homes Srv #4	An mental Health sponsored residential home service for children and adolescents
	09	001	Out-of-Home Respite Srv #1	An out-of-home respite service for adults
	09	002	Out-of-Home Respite Srv #2	An out-of-home respite service for children and adolescents
	09	003	Out-of-Home Respite	An out-of-home respite crisis stabilization service for (population served)
	10	001	In-Home Respite Srv #1	An in-home respite crisis stabilization service for adults
	10	002	In-Home Respite Srv #2	An in-home respite crisis stabilization service for children and adolescence
	10	003	In-Home Respite Srv	An in-home respite crisis stabilization service for (population served)
	11	001	Correctional Facility RTC Srv #1	A mental health service in a correctional facility
	14	001	MH Children Residential Srv #1	A mental health children's residential service for children with serious emotional disturbance
	14	033	SA Children Residential Srv #1	A substance abuse children's residential service
	14	035	ID Children Residential Srv #1	An intellectual disability children's residential service
	16	001	Case Management SRV	A MH, ID, SA case management services for children, adolescents and adults
	16	002	ID Case Management SRV	An intellectual disability case management service
	16	003	SA Case Management SRV	A substance abuse case management service
	16	004	MH Case Management SRV	A mental health case management service for adults with serious mental illness
	16	005	Children and Adolescents MH Case Management SRV	A mental health case management service for children and adolescents
	17	001	ICT Srv #1	A mental health intensive community treatment (ICT) service for adults with serious mental illness
	18	001	PACT Srv #1	A mental health intensive community treatment (PACT) service for adults with serious mental illness

**5. SERVICE INFORMATION:** Complete for the organization to be licensed by the Department of Behavioral Health and Developmental Services.

**Service Director:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Client Demographics (check all that apply):

☐ Male   ☐ Female        ☐ Child    ☐ Adolescent (Min. & Max. Age Range) \_\_\_\_\_ ☐ Adult    ☐ Geriatric

Accreditation/Certification by: \_\_\_\_\_

**LOCATION**

**6. Location Name:** \_\_\_\_\_ **# of beds:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Location Manager:** \_\_\_\_\_ **Phone:**(    ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Directions:** \_\_\_\_\_

**7. NAME AND ADDRESS OF OWNER OF PHYSICAL PLANT**

Name	
Address	

**8. RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS**

<b>Financial Records</b>	<b>Address:</b> _____ <b>City:</b> _____ <b>County</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Personnel Records</b>	<b>Address:</b> _____ <b>City:</b> _____ <b>County</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Residents' Records</b>	<b>Address:</b> _____ <b>City:</b> _____ <b>County</b> _____ <b>State:</b> _____ <b>Zip:</b> _____

<b><u>REQUIRED ATTACHMENTS</u></b>	<b><i>Children's Residential Service Regulations</i></b>	<b><i>All Other Services Regulations</i></b>
1. <input type="checkbox"/> <b>The Completed Application form</b>	§12 VAC 35-46-20 (D)(1)	§35-105-40(A)
2. <input type="checkbox"/> <b>A Working Budget</b> (appropriated revenues and projected expenses for one year –a 12-month period)	§12 VAC 35-46-20 (D)(1) §12 VAC 35-46-190 (A)(2)	§35-105-40(A)(1)
3. <input type="checkbox"/> <b>Evidence of financial resources</b> or line of credit sufficient to cover estimated operating expenses for ninety days (and must be maintained on an ongoing basis)	§12 VAC 35-46-180	§35-105-210(A) & §35-105-40(A)(2)
4. <input type="checkbox"/> A copy of the <b>Organizational Structure</b> , showing the relationship of the management and leadership to the service	§12 VAC 35-46-20 (D)(1) & §12 VAC 35-46-20 A	§35-105-190(B)
5. <input type="checkbox"/> <b>Complete Service Description</b> (including philosophy and objectives of the organization, comprehensive description of population to be served, admission, exclusion, continued stay, discharge/termination criteria, a description of services or interventions to be offered, brochures, pamphlets distributed to the public, a copy of the proposed program schedule, etc)	§12 VAC 35-46-20 (D)(1)	§35-105-40 & §580(C), §570
6. <input type="checkbox"/> <b>Record Management Policy</b> addressing all the requirements of the regulation	§12 VAC 35-46-20 B [1-5] §12 VAC 35-46-180. C	§35-105-40 & §870(A), 390
7. <input type="checkbox"/> <b>Staffing Schedule &amp; Written Staffing plan</b> (use staff information sheet to list potential staff members with designated positions & qualifications, etc.), relief staffing plan, & comprehensive supervision plan	§12 VAC 35-46-180	§35-105-590
8. <input type="checkbox"/> <b>Resumes of all</b> Identified Staff, particularly services director, QMRP, QMHP, and licensed personnel.	§12 VAC 35-46-270 (B)(1)	§35-105-420(A)
9. <input type="checkbox"/> <b>Position Descriptions-</b> copies of <u>all</u> position(job) descriptions that address all the requirements (position descriptions for case management, ICT and PACT services must address the additional regulations for those services).	§12 VAC 35-46-20 (D)(1) §12 VAC 35-46-280, §12 VAC 35-46-340 & §12 VAC 35-46-350	§35-105-40 & §410(A)
10. <input type="checkbox"/> <b>Evidence of Authority</b> to conduct Business in Virginia. Generally this will a copy of the applicant's State Corporation Commission Certificate.	§12 VAC 35-46-20 (D)(1) & §12 VAC 35-46-320	§35-105-40(A)(3) and §190(B)
11. <input type="checkbox"/> <b>Certificate of Occupancy</b> – for the building where services are to be provided (except home-based services),	§12 VAC 35-46-20 (D)(1)	§35-105-260
<b><i>And for residential services:</i></b>		
1. <input type="checkbox"/> Copy of the Building floor plan, with dimensions	§12 VAC 35-46-20 (D)(1)	§35-105-40 (B)(5)
2. 13. <input type="checkbox"/> Current Health Inspection	§12 VAC 35-46-20 B	§35-105-290
14. <input type="checkbox"/> Fire Inspection, if over eight residents	§12 VAC 35-46-20 (D)[1-4]	§35-105-320
<b>Children's Residential Service Only</b>		
4. 15. <input type="checkbox"/> Articles of Incorporation, By- laws, & Certificate of Incorporation	§12 VAC 35-46-20 (D)(1)	Facility operated by a <b>VA corporation</b>
5. 16. <input type="checkbox"/> Articles of Incorporation, By- laws, & Certificate of Authority	§12 VAC 35-46-20 (D)(1)	Facility operated by a <b>out of state corporation</b>
6. <input type="checkbox"/> Listing of board members, the Executive Committee, or public agency all members of legally accountable governing body	§12 VAC 35-46-20-170	Facilities with a <b>Governing Board</b>
7. <input type="checkbox"/> References for three officers of the Board including President, Secretary and Member-at-Large	§12 VAC 35-46-20 D	Facility operated by <b>Corp., an unincorporated Organization, or an Association</b>

### Current/Past Provider Services

Please identify 1) the legal names and dates of any services licensed in Virginia or other states that the applicant currently holds or has held, 2) previous sanctions or negative actions against any licensed to provide services that the holds or has held in any other state or in Virginia, and 3) the names and dates of any disciplinary actions involving the applicant's current or past licensed services. In none, please indicate, "NONE" in the space below.

**Current Services:**

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**Past Services:**

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**Sanctions/Negative Actions/Disciplinary Actions:**

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### Certificate of Application

This certificate is to be read and signed by the applicant. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the administration of the service provided by the appointing authority in the case of a governmental agency.

*I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.*

*I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services to make necessary investigations into this application or complaints received.*

*I understand that unannounced visits will be made to determine continued compliance with regulations.*

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS APPLICATION.**

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions concerning the application, please contact this office at (804) 786-1747. Please return the completed application to:

**Office of Licensing  
Department of Behavioral Health and Developmental Services  
Post Office Box 1797  
Richmond, Virginia 23218-1797**